



Lead Accreditation Application Form LPF-1
Louisiana Department of Environmental Quality
OES, Public Participation and Permit Support Division
Notifications and Accreditations Section
P.O. Box 4313, Baton Rouge, LA 70821-4313
Physical Address: 602 N 5th St, BR, LA 70802
Phone (225) 219-3300 Fax (225) 325-8282

For LDEQ Use Only
Pb Cert No.
Exam:
Expires:
Check No.
Check Date:
Amt Received: \$
Processed Date:

Agency Interest No. _____

I. Applicant Information: (please print or type)

Name:	Email Address:	ID or Driver's License No./State of Issuance:
Mailing Address:	Date of Birth:	
City:	State:	Zip Code:
Phone No. ()		

II. Check accreditation(s) applying for:

Previous DEQ No. _____ Expires: _____

Previous DEQ No. _____ Expires: _____

Previous DEQ No. _____ Expires: _____

(a) ☐ Initial ☐ Renewal ☐ Emergency

(b) ☐ Worker ☐ Project Supervisor ☐ Inspector ☐ Risk Assessor ☐ Project Designer

III. Attach copies of applicant's initial training and all refresher certificates.

IV. Attach a 1"x 1¼" photograph for each discipline for which the applicant is seeking accreditation.

V. Education: List level of education for the accreditation(s) applied for and any certifications, if applicable.

Degree/Diploma:	Date Awarded:
Institution:	City and State:
Certifications:	

VI. Experience: List applicable experience, beginning with your present job. Attach additional information as needed.

Employer:	Email:	
Supervisor:	Phone No. ()	
Business Address:	Fax No. ()	
City:	State:	Zip Code:
Job Title:	From: Month / Year	To: Month / Year
Briefly describe job duties:		
Employer:		
Supervisor:	Phone No. ()	
Business Address:	Fax No. ()	
City:	State:	Zip Code:
Job Title:	From: Month / Year	To: Month / Year
Briefly describe your duties:		

VII. Fees: Make payable to Louisiana Department of Environmental Quality via Check or Money Order. Submit application materials with appropriate processing fees listed. When applying for multiple accreditations, applicants pay for only the highest accreditation requested.

FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

Discipline	Regular	Emergency
Worker	\$50	\$75
Inspector	\$150	\$225
Project Supervisor	\$250	\$375
Risk Assessor	\$250	\$375
Project Designer	\$500	\$750

VIII. Statement of Regulation Knowledge and Acknowledgment for Public Records:

(a) I hereby certify that this application, accompanying documents, and information provided is true and accurate in accordance with La. R.S. 30:2025.F(2)(a) which states that any person who willfully or knowingly makes any false statement, representation, or certification in any form, application, record, label, manifest, report, plan, or other document filed or required to be maintained under this Subtitle are subject to penalties with conviction of civil and criminal actions as outlined in this regulation.

Signature of applicant: _____

Date: _____